U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/37	2. Fiscal Year Covered From:			
•	67 / 01 / 2004 Through: 06 / 30 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Jeff A Good	Name Paniters Local Union 970 Labor Organization File Number 031-313			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4986 EIK River Road - South	Street 115 Spring Street			
City Elkvicw State West Virginia ZIP Code +4 2507/	City Charleston, W.V. State West Vinginia ZIP Code + 4 25302			
5. Position in labor organization. Recording Secretar	•			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if arry				
.	7,b. Amount.			
Street				
City				
State ZIP Code + 4				

Sign	ature
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jaff Dool	On	07-67-65 Date	304 · 965 · 7569 Telephone Number	

Name of Person Filing Jeff A. Good	File Number U- 3/3 7				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	_				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
State ZIP Code + 4	Table of motor hours income to the state of				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	·				
Street					
City					
State ZIP Code + 4					
	14 h Amount of payment				

13.b. Is the Business an Employer

or Consultant

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